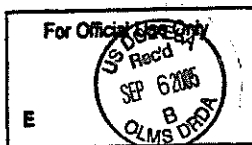


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13595</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>7</u> / <u>1</u> / <u>2005</u>
3. Name and address of person filing. Name <u>MICHAEL R HOOD</u> P.O. Box, Bldg., Room No., if any <u>PO BOX 407</u> Street <u>NEW YORK</u> City <u>NY</u> State <u>10032</u> ZIP Code + 4 <u></u>	4. Name, file number, and address of labor organization. Name <u>MICHAEL HOOD A.P.S.O.M.C.</u> Labor Organization File Number <u>059403</u> P.O. Box, Building and Room Number, if any <u>125 BARCLAY ST ROOM 706</u> Street <u>125 BARCLAY ST</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10007</u>
5. Position in labor organization. <u>PRESIDENT LOCAL 1505 AFL-CIO</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>LOCAL 420</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>125 BARCLAY ST</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10007</u>	7.a. Nature of Interest, Transaction, or Income. <u>PLAYING MUSIC FOR HOLIDAY PARTY</u> 7.b. Amount. <u>400.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael Hood

On 8/29/05 (212) 815-1505
Date Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 153Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 BARCLAY STCity NEW YORKState NY ZIP Code + 4 10007

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 153Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 BARCLAY STCity NEW YORKState NY ZIP Code + 4 10007

11.a. Nature of such dealing.

PLAYING MUSIC FOR PARTY

11.b. Approximate dollar value of such dealing.

300.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name LOCAL 1549Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 BARCLAY STCity NEW YORKState NY ZIP Code + 4 10007

14.a. Nature of payment.

PLAYING MUSIC FOR PARTY13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

1400.00